

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND
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TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS	2	8							
TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									